Excel Communications
Event Marketing Checklist

CITY _____ VENUE _____ DATE(S) _____

I. NAME OF PROMOTION _____

BRAND _____

PROMOTION SPIN-OFFS (bar nights, retail promotions, etc.)

_____ _____

_____ _____

_____ _____

II. ADVERTISING

MAGAZINE

_____

_____

_____

_____

NEWSPAPER

_____ _____

_____ _____

_____ _____

_____ _____

RADIO

_____

_____

_____

_____

OTHER

_____

_____

_____

_____

III. PUBLICITY

PRESS CONFERENCE(S)	YES	NO	LOCATION(S) _____
PRESS KITS DISTRIBUTED	YES	NO	NO. DIST. _____
LOCAL EDITORIALS	YES	NO	
NATIONAL EDITORIALS	YES	NO	
POST-EVENT PRESS RELEASE	YES	NO	NO. DIST. _____

EST. TOTAL MEDIA IMPRESSIONS _____

IV. DATABASE MANAGEMENT

NUMBER OF SURVEYS COMPLETED

DAY1 _____ DAY 3 _____

DAY 2 _____ DAY 4 _____

TYPE OF INCENTIVE DISTRIBUTED

ITEM #1 _____ NO. DIST. _____

ITEM #2 _____ NO. DIST. _____

ITEM #3 _____ NO. DIST. _____

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V. DEMOGRAPHICS (prior to analyzing database)

EST. TOTAL NUMBER IN ATTENDANCE DAY1 _____ DAY 3 _____
DAY 2 _____ DAY 4 _____

PERCENTAGE MALE _____ PERCENTAGE FEMALE _____ AVERAGE AGE _____
EST. % OF AUDIENCE OBSERVED SMOKING (WHERE PERMITTED) _____

VI. VENUE CHECKLIST

IS SMOKING ALLOWED _____ IF YES, IS THERE A DESIGNATED SMOKING AREA _____ IF YES, LOCATION _____

SIGNAGE WITH SPONSOR'S NAME/LOGO:			
MARQUEE	YES	NO	
TICKET	YES	NO	
CENTER STAGE	YES	NO	
LOBBY SIGNS	YES	NO	
EASEL SIGNS	YES	NO	
DISPLAY WINDOWS	YES	NO	
CONCERT PROGRAMS DISTRIBUTED	YES	NO	AMT. _____
ON-SITE SALES	YES	NO	NO. PACKS _____
MEET & GREET	YES	NO	
INSURANCE CERTIFICATE	YES	NO	
VENUE SPONSORS (PERMANENT)	YES	NO	

VII. DAY OF CONCERT CHECKLIST

NO. ALL ACCESS PASSES	_____	
NO. VIP GUEST PASSES	_____	
EVENT PHOTOGRAPHER	YES	NO
EVENT VIDEOGRAPHER	YES	NO
WRITTEN AUTHORITY FOR PHOTOGRAPHING & VIDEOTAPING EVENT	YES	NO
NO. PRESS PASSES	_____	
LOCAL TRANSPORTATION	YES	NO
VIP HOSPITALITY	YES	NO
CONFIRM "MENTIONS"	YES	NO

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VIII. TICKETS

DOES TICKET BEAR LOGO YES NO

COMPLIMENTARY TICKETS

NO. DISTRIBUTED TO VIPS _____

NO. DISTRIBUTED TO RETAILERS _____

NO. DISTRIBUTED TO PM PERSONNEL _____

WAS THERE A NEED TO PURCHASE ADDITIONAL TICKETS? YES NO AMT._____

IV. PM PERSONNEL

PM PERSONNEL ON SITE

NAME	TITLE	NO. DAYS ATTEND.

PM CONSULTANTS ON SITE

NAME	COMPANY	NO. DAYS ATTEND.

X. OTHER SPONSORS

MAJOR: _____ _____ _____

_____ _____ _____

SECONDARY: _____ _____

_____ _____ _____

RADIO STATION: _____ NO. OF DAYS PROMOTION RAN _____

XI. COMMENTS (please include weather conditions, successes, problems, competitive events held day(s) of event, was event a sellout, testimonials, etc.)

_____

_____

_____

_____

_____

_____

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